

3/21

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-27-2001 90058 002 ***150.00

DOCUMENT # 517687

1. Entity Name

WILLIAM A. INGRAHAM, JR. AND ASSOCIATES, P.A.

Principal Place of Business

~~3000 BISCAYNE BLVD. SUITE 400~~
~~MIAMI FL 33137~~
4141 NE 2nd AVE 203C
MIAMI FL 33137

Mailing Address

~~3000 BISCAYNE BLVD. SUITE 400~~
~~MIAMI FL 33137~~
PO BOX 370098
MIAMI FL 33137-0098

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1706008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAHAM, WILLIAM A. JR.

~~3000 BISCAYNE BLVD.~~~~3000 BISCAYNE BLVD. SUITE 400~~~~MIAMI FL 33137~~**4141 NE 2 AVE #203C****MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	INGRAHAM, WILLIAM A. JR.	
STREET ADDRESS	3000 BISCAYNE BLVD. 4141 NE 2 AVE #203C	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	INGRAHAM, MARK	
STREET ADDRESS	3000 BISCAYNE BLVD. 4141 NE 2 AVE #203C	
CITY-ST-ZIP	MIAMI FL 33137 MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01 305 576 5840
 Date Daytime Phone #

CR2E034 (10/00)